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ABSTRACT

This learning guide is designed to connect personal, family, and job responsibilities for adults and out-of-school youth in economically depressed areas of the state (including transitional ex-offenders and corrections populations) so that these individuals learn to manage and balance these aspects of their lives in order to prepare for or continue successful employment. This learning guide contains four competency units that provide information for young people and parents about preventing teen pregnancy. The competency units cover the following topics: (1) predicting the consequences for self, partner, and families in case of pregnancy; (2) explaining the reproductive systems; (3) evaluating methods of birth control and prevention of sexually transmitted diseases; and (4) determining the risks associated with sexually transmitted diseases and the procedures in diagnosis and treatment. Each competency unit consists of learner outcomes, key ideas, definitions, teaching strategies and methods, and suggested learning activities. Twenty-one supplements include information and activity sheets on the following: feelings about being a parent; parenting costs; readiness for parenting; parenting and life plans; child rearing task costs; parenthood: when and why; effects a baby can have; the juggling act; case studies; the reproductive systems; myths or facts about preventing pregnancy; birth control choices; birth control methods; sexually-transmitted diseases; and signs and symptoms of having a sexually transmitted disease. A bibliography lists 27 references. The Illinois goals for world-class education for the 21st century also are included. (KC)

ED 388 813

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Preventing Teen Pregnancy

CE 070208

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General Guidelines/Checklist for Users

The terms "facilitator" and "learner" are used throughout to describe the instructor and participants.

STRATEGIES (for facilitators) and ACTIVITIES (for learners) as stated in the guide, are not always parallel as to numbering system.

Facilitators need to find out where learners are with each of the competencies. For example, if working with a group who may have had previous Consumer Education instruction, the facilitator may choose not to do all the competencies. If working with a JTPA client, for example, it might be necessary to cover all competencies.

Key to Symbols - The following symbols are used throughout the guides to designate enhancement activities:

- related basic skills, giving particular attention to language arts and mathematics
- related decision-making and problem-solving skills, including the application and transferability of these skills to personal, family, and work responsibilities to be demonstrated
- enrichment activities according to learner abilities and experiences
- interrelationship of concepts to personal, family, and work.
- influence of technology on the subject matter, application of knowledge, and related work
- pre- and/or posttest assessment activities

Before addressing any of the competencies, the facilitator should check in advance to see what materials or preparations are needed for the competency as numbered.

Competency #1 - Predict the consequences for self, partner, and families in case of pregnancy.

_____Duplicate Supplement 1 to assess teens' feelings about being a parent.

_____Consider duplicating Supplement 2 on costs involved in teen parenthood or it can be enlarged for a bulletin board or display.

_____Research or collect information showing financial expenses for the birth of a baby and/or cost of raising a child.

_____If to use, contact a resource person, if available, to present information on expenses of childbirth and/or raising a child.

_____Duplicate Supplement 3 as needed for Activity 1 on questions to ask when considering parenthood.

_____Duplicate Supplement 4 for learners to complete statements of goals.

_____Duplicate Supplement 5 for learners to match child rearing tasks and costs.

_____Duplicate Supplement 6 "Examples of Parenting Situations," as needed for discussion with learners.

_____Duplicate Supplement 7 for learners on positive and negative effects a baby could have.

_____Duplicate Supplement 8 as needed for Activity 7 related to activities and adjustments with a baby.

_____Duplicate Supplement 9, "Case Studies," as needed.

_____The facilitator may wish to have articles or newspaper clippings available on financial costs of raising a baby to supplement materials provided by learners.

Competency #2 - Explain the reproductive systems.

_____Duplicate Supplements 10 and 11 on female and male reproductive systems as needed for learners.

_____Duplicate Supplement 12 and 13 for evaluating learners' knowledge of parts and functions of reproductive systems.

_____The facilitator may want to develop a list of slang terms associated with sex in preparation for discussion activity.

_____Duplicate Supplement 14, "Myth or Fact," as needed for learners.

Competency #3 - Evaluate methods of birth control and prevention of sexually transmitted diseases.

_____ Duplicate Supplement 15, "Birth Control Choices," as needed.

_____ The facilitator may wish to invite a representative from Planned Parenthood or the local health clinic in to provide learners with information on birth control methods. The representative might also bring in sample birth control products for discussion and student activity.

_____ The facilitator should develop and have available a file of community resources for birth control including names, addresses of doctors, clinics, and programs.

_____ Duplicate Supplement 16, "Birth Control Methods Chart," Supplement 17 (pictures), and Supplement 18, "Myth or Fact" as needed or if used.

Competency #4 - Determine the risks associated with sexually transmitted diseases and the procedures in diagnosis and treatment.

_____ Duplicate Supplements 19, "Common STDs," and 20, "Signs and Symptoms" for discussion and as take-home material.

_____ Duplicate Supplement 21, Myth or Fact," as needed.

_____ Invite a resource person to talk about STDs.

_____ The facilitator should investigate or gather information about what states have laws allowing minors to obtain testing and treatment of STDs without consent or notification to parents.

Introduction

More than one million females under the age of twenty become pregnant each year. Another way of stating this is that one out of every ten teenage women get pregnant each year in this country. About half undergo abortions. Among adolescents who become pregnant and deliver their babies, one in every four becomes pregnant again within twelve months, about half become pregnant again within two years, and about 80-90% have second babies within five years. These subsequent pregnancies often have shattering effects on the lives of the women and their families. Few of the second pregnancies are anticipated or desired (*Growing up Caring,* 1987).

Adolescent pregnancy is a national problem that affects every income and ethnic group in the country. Although the fear of AIDS has changed the sexual behavior of many Americans, more teenagers than ever are sexually active. According to the U.S. Center for Disease Control (CDC), 51.5% of girls ages fifteen to nineteen engaged in premarital sex in 1988 and 29% used no contraception. For boys ages fifteen to nineteen, the rate was 60% (Seltzer, 1991).

Pregnancy is a leading reason high school girls drop out of school. The physical, social, and economic consequences of teenage mothers and their babies are severe.

An issue central to teens' preparation for a fulfilling adult life is avoiding early parenthood. Teen parents often experience serious educational, vocational, and financial problems. The Center for Population Options states that one in three families started by teens ends up on public assistance; of parents who are not high school graduates, 39% live in poverty. The issues surrounding early parenthood apply not only to teenage girls but also to boys. If a young man becomes a teenage father, he may need to drop out of school to help support his child. Generally, adolescents who do not complete their education, find it extremely difficult to support themselves. Thus, a cycle of dependence may be established, one of depending on parents or relatives, or on public assistance (*Life Planning Education,* 1989).

Teens often fail to recognize the reality of parenthood. They may have limited experience with child care; two hours of babysitting does not prepare them for the twenty-four hour job of parenting. They may have unrealistic ideas about costs associated with being a parent. Most importantly, they may have succumbed to the myth of the "Gerber baby" that is perpetuated by television shows and commercials that always present a healthy, smiling infant to the viewer (*Life Planning Education,* 1989).

Over 84% of teenage pregnancies are unintended and they occur when young people involved in a sexual relationship are not informed about the risk of pregnancy and fail to use contraception (*Life Planning Education,* 1989).

The United States is in the midst of an epidemic in which millions of people a year are infected by sexually transmitted disease: many are teenagers.

STDs are spread primarily by close sexual contact and sexual intercourse. There are many different types of STDs, ranging from pubic lice, which although annoying is relatively benign, to Acquired Immune Deficiency Syndrome (AIDS), which is invariably fatal (*Growing up Caring,* 1987). The most prevalent STD in the U.S. today is chlamydia which infects approximately one in every thirteen sexually active women under the age of twenty-five. Genital warts may affect as many as 40% of all teenage girls (Seltzer, 1991).

Teenagers often feel invulnerable and immortal when it comes to AIDS. The numbers of teenage AIDS patients infected through heterosexual intercourse nearly doubled in 1990. Although heterosexual sex accounts for only 5% of the total number of AIDS cases, it is responsible for 14% of all teenage cases. Only 10% of all AIDS patients are female, but in the teenage population, 25% are female (Seltzer, 1991).

The sexual act itself must be responsible. Sexual activity has consequences, and these must be considered ahead of time. Many young people believe that advance planning interferes with spontaneity, the free expression of love and affection, and that this is somehow wrong. But NOT planning in advance is irresponsible and unfair to oneself and to others (*Growing up Caring,* 1987).

Predict the Consequences for Self, Partner, and Families in Case of Pregnancy.

Learner Outcomes

- Identify problems that a teen could face in case of pregnancy.
- Identify problems affecting parent(s) of teens in case of teenage pregnancy.
- Identify costs associated with teenage pregnancy.

Key Ideas

Parenthood requires responsibility, commitment, maturity, and sacrifice. The realities of parenthood are often overlooked by teens.

Teenage parenting changes a teen's responsibilities and obligations. It makes it difficult to finish school, harder to cope with the demands of child care, and it limits a teen's future opportunities.

Parenthood can be very rewarding when teenagers are ready to face up to the responsibilities of parenting. Teenagers need to be prepared emotionally, financially, and intellectually for a child.

The impact of teenage pregnancy affects not only the teens, but also one or both of their parents. Teenage parents generally face more problems than older parents. Some of these problems are as follow:

- Babies being born with health problems
- Dropping out of school
- Difficulty finding a job
- Becoming dependent on welfare (*Life Planning Education,* 1989).

Definitions

costs - giving up something for something else

Risks of Teenage Pregnancy

There are many risks associated with teenage pregnancy, including health, socioeconomic, emotional, and biological risks.

Some of the emotional risks of teenage pregnancy involve decisions such as terminating the pregnancy, putting the baby up for adoption, or keeping the baby.

The teen partner also faces a number of risks associated with teen pregnancy, including socioeconomic and emotional risks.

Teenage pregnancy may affect one or both sets of parents of the teen(s). These parents may have to

- assist the teen(s) physically and financially;
- alter their future plans to help the teenage parent(s);
- let the teenager(s) live with them until the financial stress is eased; or
- be left with the total support of the grandchild when their child refuses to assume that responsibility.

Parenting involves many costs, including time, money, health, energy, change in social lifestyle, emotional well-being, and intellectual and career development. When parents are ready for the responsibilities of raising children, they usually are willing to make these sacrifices. When parents are too young or not ready to take on the responsibility and make sacrifices for their children, then the cost may be too high (*Parenting Education,* 1990).

Strategies/Methods

1. The facilitator may wish to assess how a teen would feel about being a parent. (See Supplement 1.) ☑

2. The facilitator may wish to discuss the intentions of the teenager regarding parenting. The following questions may give clues as to the readiness of the teen to parent:

   - How would you feel about assuming the responsibility for the care of a child?
   - How will you acquire the necessary skills for being a parent?
   - Are you ready to change your lifestyle for a child?

3. The facilitator may consider discussing future plans of the teenager. This can give the teen some clues to the consequences of parenting. Ask questions such as

   - What are the top five priorities in your life?
   - What are your plans for the future? (e.g., education, career)
   - Would having a child alter these plans?

   (These may also be asked of those who already are parents.)

4. The facilitator could discuss with the learner problems that teen parents often face (e.g., babies have health problems; teen drops out of school).

5. The facilitator should emphasize the special problems which occur when teens become pregnant before they are prepared for parenting. Discuss the consequences to the teen mother, teen father, the baby, and others?

6. The facilitator should identify the risks associated with teenage pregnancy such as health risks, socioeconomic risks (e.g., pressure to marry or difficulty finding a job), emotional risks, and biological risks.

7. The facilitator could discuss impacts of teen pregnancy on the partner and/or responsibility to child. Consider discussing the possibility of marriage and the pros and cons to couple and child.

8. The facilitator should clarify some of the emotional risks and decisions involved with teenage pregnancy such as to terminate the pregnancy, put baby up for adoption, or the need to decide to keep the baby.

9. The facilitator should stress with learner the costs involved in being a teen parent (see definitions for clarification of costs). The facilitator may use the cost wheel (see Supplement 2) to lead discussion. Also, consider cost of pregnancy, birth, and health care for child.

10. The facilitator should help the learner recognize some of the effects of teen pregnancy on the parent(s) of the teen(s) such as physical, financial, future planning, living arrangements, and responsibility.

11. The facilitator could discuss with the learner the changes that take place in a home after the baby arrives (e.g., lack of sleep; giving all one's time to the baby).

12. The facilitator could have a list of possible expenses for having and raising a child (pregnancy and birth to age eighteen–no college). Make this list accessible to learners, incorporate it in a discussion, or have learners devise the list as an activity.

13. The facilitator may wish to invite a resource person or parent to present information on the expenses of pregnancy and childbirth and/or raising a child.

14. The facilitator should emphasize to the learner reasons for delaying parenting until ready for responsibility.

Suggested Activities

1. Using Supplement 3, have the learner identify questions that a person or couple should ask when considering parenthood.

2. Using Supplement 4, have the learner complete statements of goals to accomplish. Have learners identify whether statement would be affected by parenthood.

3. Have the learner identify the costs (something given up for something else) associated with parenting. (Use Supplement 5.)

4. Have learner identify sacrifices that would have to be made to be a parent. Use case situations (see Supplement 6) and have learner answer the questions.

5. Using Supplement 7, have the learner identify positive and negative effects having a baby could have in each of the areas. For example: a positive effect in social life is that a baby could lead to making new friends; a negative effect in social life may be the loss of opportunities to go out and spend time with friends.

6. Have learner identify some adjustments that must be made once the baby arrives. Categorize the adjustments as to whether they affect the mother, the father, or other family members (*Adolescent Parent Resource Guide*, 1989). For example: adjusting sleep patterns to coincide with baby's needs could affect mother, father, and others.

7. Have learner identify activities that she or he does in a day. Then, have learner identify whether the activity could be completed with a baby. Also, have learner identify adjustments that would need to be made to get the activity done. (Use Supplement 8.)

8. Using case studies in Supplement 9, have learner identify problems associated with each parenting situation. Have learner discuss possible solutions to the problems.

9. Have learner find current articles and/or newspaper clippings on the financial cost of raising a child. Consider also the cost of more than one child, the income of parent(s) necessary for raising a child, expenses to the family such as home buying and school, and unexpected expenses such as illnesses and injuries. An alternate activity could be to have the learner interview parents or others to determine some expenses.

Explain the Reproductive Systems.

Learner Outcomes

- Describe the functions of the parts of the female and male reproductive systems.
- Explain the process of conception.
- Make distinctions between sexual myths and facts.

Key Ideas

In order to prevent pregnancy, it is necessary to understand how the reproductive systems work.

Sexual maturity readies the bodies of girls for motherhood and boys for fatherhood (*Adult Sexuality,* 1986-1987).

A girl can get pregnant before her first period (*Life Planning Education,* 1986-1987).

A baby may start to grow when a sexually capable young woman and a sexually capable young man have intercourse.

A girl can get pregnant her *first* and *every* time she has sex. A girl cannot know of one absolutely safe time when she cannot get pregnant (*Life Planning Education,* 1989).

Definitions

reproduction	- the process of producing or making babies
conception	- to become pregnant
fertilization	- occurs when *one* of the sperm cells from a man reaches the female egg cell after it has left a woman's ovary, but before it is discarded by her body (*Family Planning,* 1986-1987)
sexual intercourse	- the joining of sexual organs
ovulation	- at maturity (around 11 or 12), a girl's ovaries begin to release one egg, or ovum, each month—when that process of ovulation begins, so will her ability to get pregnant (*Family Planning,* 1986-1987)
sperm cells	- at maturity (around 13 or 14), a boy's testicles begin to produce and store sperm cells—millions of them (*Family Planning,* 1986-1987)

Strategies/Methods

1. The facilitator should emphasize to the learner the importance of knowing how one's body works in order to prevent pregnancy.

2. The facilitator should define the term of reproduction (see definitions) and emphasize the idea that it takes both a woman and a man to create a pregnancy.

3. The facilitator should then introduce the female reproductive system to the learner (Supplement 10). The facilitator should trace the egg from where it is made (ovaries), to how it is transported (fallopian tubes), to the uterus or womb (where egg stays if it joined with the sperm to grow into a baby). The facilitator should stress that in order for pregnancy to occur, a sperm cell from the man must join with an egg cell from the woman.

4. The facilitator should introduce the male reproductive system to the learner (Supplement 11). The facilitator may wish to go through the system from where sperm are made (testes), how they are transported from there (vas deferens), and how they leave the man's body (penis).

5. The facilitator should explain, as needed, that the sperm and egg can join when a man and woman have sexual intercourse (slang: have sex, make love). The facilitator can also explain the act of sexual intercourse, emphasizing when pregnancy can occur.

6. If the facilitator is comfortable with learners or feels learners are able to control themselves, have learners tell which slang words come to mind when they hear words such as breast, penis, vagina, and sexual intercourse. Responses will give clues to language used by learners and learners' interpretations. The facilitator should point out that there are many slang terms used by people related to sexuality. People use slang terms because they do not know the correct sexual terms or may not feel comfortable using them. Inform the learner that correct sexual terms will or should be used and slang is unacceptable (*Life Planning Education,* 1989).

7. The facilitator should reinforce the fact that because of the frequency at which a woman releases an egg, it is very difficult to know when this is happening. Therefore, pregnancy is always possible. Also, explain what is meant by a woman's fertile time.

8. The facilitator should stress that because a man continuously produces sperm, a man can cause pregnancy at any time.

9. The facilitator should stress that at sexual maturity, a girl is always capable of getting pregnant and she can never know of a specific time that she cannot get pregnant. The facilitator should discuss and clarify common myths (e.g., sex during menstruation).

10. The facilitator should stress that at sexual maturity, a boy is always capable of getting a girl pregnant. The facilitator should discuss and clarify common myths (e.g., number of ejaculations makes no difference).

11. The facilitator may wish to clarify what happens to the egg when it is not joined with a sperm (define as menstrual period).

Suggested Activities

1. Using Supplement 12, "Female Reproductive System," have the learner identify the parts of the female reproductive system.

2. Using Supplement 12, have the learner describe the function of the parts of the female reproductive system.

3. Using Supplement 12, have the learner trace the beginning of an egg to its exit from the body.

4. Using Supplement 13, "Male Reproductive System," have the learner identify the parts of the male reproductive system.

5. Using Supplement 13, have the learner describe the function of the parts of the male reproductive system.

6. Using Supplement 13, have the learner trace the beginning of a sperm cell to its exit from the body.

7. Have the learner discuss and explain how conception occurs.

8. Using Supplement 12, have the learner identify where a baby grows and then exits the female body.

9. Have the learner make a list of ten slang terms associated with sex. Then have the learner write or identify the correct sexual term to be used instead of the slang term. B

10. Using Supplement 14, "Myth or Fact" have the learner identify whether the statement is a myth or fact. This activity may be taken a step further by having the learner explain why a statement is a myth.

Evaluate Methods of Birth Control and Prevention of Sexually Transmitted Diseases.

Learner Outcomes

- Identify several methods of birth control.
- Evaluate the effectiveness of various forms of birth control.
- Differentiate between effective and ineffective forms of birth control.
- Identify methods of birth control that can be effective in the prevention of sexually transmitted disease.

Key Ideas

People having intercourse are responsible for what happens. Having unprotected sexual intercourse is choosing not to be responsible if the couple does not want to become pregnant.

Birth control only reduces chances of pregnancy. If no contraception is used, there is no safe time to have sexual intercourse (Lindner, 1987).

The best way to make a decision about birth control is to gather information on all methods, decide which best suits one's values and

Definitions

birth control	- methods used to prevent or delay pregnancy
abstinence	- not having sexual intercourse
prescription	- available only with doctor's written note
nonprescription	- available at drugstore; no need for doctor's note
STD	- sexually transmitted disease; a contagious disease that spreads from one person to another during sexual intercourse or other close sexual contact
contraception	- birth control

Contraceptives

Some methods of birth control are more effective than others. Some have health risks, some methods of contraception require a prescription from a doctor, some methods are available in drugstores without prescription, and some are more convenient and easier to use than others (Lindner, 1987).

There are many methods people use as birth control that do not work (Saran Wrap, rather than a condom; standing up during intercourse; douching or washing after intercourse; or intercourse during menstruation).

The proper use of condoms can be an effective method of birth control, and can also be effective in preventing the spread of many STDs.

STDs

A good way to avoid getting sexually transmitted diseases is to avoid people who have or have had multiple sex partners (*Adult Sexuality,* 1986-1987).

People who think they may have a sexually transmitted disease should not have sexual relations until a doctor says it is okay (*Adult Sexuality,* 1986-1987).

Syphilis and gonorrhea, referred to as VD (venereal diseases), are only two of the many sexually transmitted diseases (*Life Planning Education,* 1989).

Strategies/Methods

personal needs, and then, if desired, talk to people about one's choice (Lindner, 1987).

There are many methods of birth control. A person should consider the method best for her or him and *decide ahead of time.*

Men often leave birth control up to the women because men do not get pregnant (*Family Planning,* 1986-1987).

Abstinence is the only way a woman can be absolutely sure she will not become pregnant.

Anyone heterosexual, homosexual, or bisexual taking part in sexual or drug-abusing behavior with an infected person can get the AIDS virus (Lindner, 1987).

The AIDS virus is passed through sexual contact, the sharing of drug needles, and from an infected mother to her baby.

A person's risk of getting the AIDS virus can be *reduced* (not eliminated) by doing certain things.

Condoms *may* reduce the risk of catching the AIDS virus, but they are not 100% guaranteed safe.

1. The facilitator may discuss with the learner the responsibility of using birth control (e.g., why use it; who should use it, man or woman). ☑

2. The facilitator may wish to discuss the choices a learner has—that is, to use or not use methods of birth control. Discuss reasons for using and not using some form of protection.

3. The facilitator may discuss with learner the most important aspects of birth control. Ask the learner the most important things she or he wants in a method of birth control (e.g., cost, ability to prevent STDs, ease of use, and/or partner's acceptance of the method). This can give the facilitator clues as to what the learner needs or is looking for in a birth control method. Emphasize that abstinence is the only 100% effective method of birth control.

4. Using Supplement 15, the facilitator could discuss the various forms of birth control methods. Include the rate of effectiveness, availability, cost, health risks, and side effects in the discussion. The facilitator should also point out the methods of birth control that protect and do not protect against STDs.

5. The facilitator should explain the difference between the terms "venereal disease" (VD) and "sexually transmitted disease" (clarify that VD is usually associated with only two types of STDs).

6. The facilitator may choose to have a representative of Planned Parenthood or a health clinic bring in a collection or display of birth control methods for learners interested or not aware of various methods.

7. The facilitator should discuss some of the myths associated with birth control (e.g., the pill causes cancer).

8. The facilitator should discuss myth methods of birth control (e.g., Saran Wrap and douching) and clarify the ineffectiveness of each. (See Supplements 17 and 18.)

9. The facilitator should investigate and set up a file of available community resources for birth control. Include names and addresses for area doctors, health centers and clinics, and health programs that dispense birth control free or at a minimal cost.

10. The facilitator may wish to arrange for a resource person to come in and discuss birth control options (i.e., methods, effectiveness, cost, and side effects).

Suggested Activities

1. Have learners write down as many birth control methods as they can think of. In two columns, have learners label whether each method is "prescription" or "nonprescription" (*Life Planning Education*, 1989).

2. Have learners complete Supplement 16, "Birth Control Methods Chart," that shows the differences in the methods of birth control and the effectiveness ratios of each. (Based on information presented from Supplement 15.)

3. Have learners identify the methods of birth control that are effective and those that are not. (See Supplement 17.)

4. Have learners identify methods of birth control that help prevent sexually transmitted disease.

5. Have learners number the following birth control methods in order of effectiveness (number 1-10; 1 being most effective) (Supplement 15):

condom	spermicidal
sponge	foams/creams
the pill	withdrawal
IUD	cervical cap
diaphragm	rhythm
abstinence	implant

6. Have learners identify those methods of birth control that are the responsibility of (used by) the woman.

7. Have learners identify those methods of birth control that are the responsibility of (used by) the man.

8. Using Supplement 18, "Myth or Fact," have learners identify whether the statements about birth control are myth or fact. This activity may be taken a step further by having the learner explain why the myth statements are myths.

9. Have the learner identify places that she or he can go to either get information about birth control or to obtain contraceptives.

COMPETENCY FOUR

Determine the Risks Associated With Sexually Transmitted Diseases and the Procedures in Diagnosis and Treatment.

Learner Outcomes

- The learner will be able to identify common sexually transmitted diseases.
- The learner will be able to identify the risks and consequences associated with sexually transmitted diseases.
- The learner will be able to identify methods of treatment associated with sexually transmitted diseases.

Definitions

AIDS	- Acquired Immune Deficiency Syndrome
HIV	- human immunodeficiency virus
STD	- sexually transmitted disease; a contagious disease that is spread from one person to another through sexual intercourse or other close sexual contact
VD	- venereal disease (syphilis, gonorrhea)
sterility	- not being able to conceive

Key Ideas

Sexually transmitted diseases can affect anyone who is sexually active.

Having an STD does not mean a person is bad. It does mean that a person has the responsibility of getting treatment and giving information to any person(s) who they may have had sex with (*Growing up Caring,* 1987). If left untreated, STDs can damage the heart, brain, and reproductive organs, as well as cause blindness, arthritis, pain, and even death (*Adult Sexuality,* 1986-1987).

It is important to know the signs and symptoms of STDs so a person can get immediate testing and treatment by a doctor. Possible symptoms for which a person should see a doctor include fatigue, loss of appetite, persistent cough, vomiting, fever, rashes, sores, discharge from penis or vagina, burning or pain while urinating, or itching in genital area (*Adult Sexuality*, 1986-1987). Some STDs have no recognizable symptoms. Most STDs can be treated with medication (Lindner, 1987). STDs will not go away unless treated by a doctor. STDs are not contracted every time a person has sex; however, STDs can be contracted more than once (*Adult Sexuality,* 1986-1987). Only a doctor can treat sexually transmitted diseases. Annual physical exams are a good way to detect infections.

AIDS is the most serious of the sexually transmitted diseases. AIDS and genital herpes have no cure. A person cannot determine if she/he has the AIDS virus. Only a physician can diagnose the condition. There are many myths about how the AIDS virus is transmitted. The AIDS virus is not spread by casual, social, or family contact (Lindner, 1987).

AIDS is transmitted in three ways:

1. sexual contact
2. exchange of blood (needles)
3. mother to unborn child (Lindner,1987).

A person suspecting that she/he has been infected with the AIDS virus can be given an antibody test (HIV). A positive result means that the person has been infected with the virus and can transmit the virus to others. A positive test result does not mean that the person has or will develop AIDS. Local or state health departments provide confidential testing for all persons suspecting the AIDS infection (Lindner, 1987).

A person who has been treated for an STD needs to be sure that her or his sexual partner(s) have been treated as well (*Life Planning Education,* 1989). Partners/spouses who remain faithful help limit the spread of STDs.

Before having sexual relations, persons should be checked for STDs through a blood test and a physical exam. Even if a person has had only one partner, that partner could have gotten the disease previously and infected others.

Abstinence is the best way to prevent the spread of STDs.

Strategies/Methods

1. The facilitator may ask learner to name the STDs that she or he knows of. This will give clues as to learners' awareness of STDs.

2. The facilitator should explain that the term "VD" has come to mean syphilis and gonorrhea, which are only two of many STDs. In addition, feelings of shame are associated with the term "VD." The facilitator should tell the learner to use the term sexually transmitted disease because it is more accurate and less threatening (*Life Planning Education*, 1989).

3. The facilitator should discuss with the learner the common STDs, treatments, and consequences. (See Supplement 19.)

4. The facilitator should emphasize to the learner the importance of recognizing signs and symptoms of having an STD. The facilitator may wish to use Supplement 20 to identify signs and symptoms of STDs.

5. The facilitator should clarify myths associated with STDs (e.g., if one is using methods of birth control she or he cannot get an STD; not everyone can get an STD).

6. The facilitator should discuss with the learner the three ways that AIDS is transmitted. Emphasize how serious the problem is and how it is growing.

7. The facilitator should discuss with the learner the myths associated with AIDS (eg., cannot get it from using public toilets or by touching a person with AIDS).

8. The facilitator should emphasize the importance of a medical exam if a person thinks she or he has come into contact with an STD (*Life Planning Education*, 1989). Discuss the responsibilities of all parties concerned.

9. The facilitator could invite a resource person in to talk about STDs—how they are contracted, symptoms and treatment, and what medical services are available (*Economic Development*, 1987).

10. The facilitator should find out if Illinois allows or does not allow minors to be tested and treated for STDs without the consent or notification of the parents. The facilitator should be able to discuss resources available in the community for testing and treating teens who do not have private physicians (*Growing up Caring*, 1987).

Suggested Activities

1. Have the learner develop a chart of the common sexually transmitted diseases. Learner could also identify the risks and consequences associated with sexually transmitted diseases. (Can be used as a bulletin board.)

2. Have the learner identify the signs and symptoms of sexually transmitted diseases including AIDS. Supplement 20 can be used or can be prepared for the learner to take home.

3. Have the learner explain the difference between VD and STDs.

4. Have the learner identify local places to go for diagnosis and treatment of STDs.

5. Have the learner identify myths and facts of sexually transmitted diseases. (Use Supplement 21 or have learners make a bulletin board illustrating myths and facts associated with STDs.)

6. Have learners brainstorm a list of the everyday contacts they have at school or on the job such as getting a transfer from the bus driver, sitting next to someone on the bus who has a cough, using a toilet or a drinking fountain, buying food from a carryout, and/or sharing lunch. Then have the learner go through the list, identifying which STDs might be transmitted through these routine activities (*Growing up Caring*, 1987).

   (This exercise can be useful in clearing up myths about how STDs are caught. The main point is that STDs are transmitted through sexual contact and, in the case of AIDS, through blood and the use of contaminated needles.)

SUPPLEMENT 1

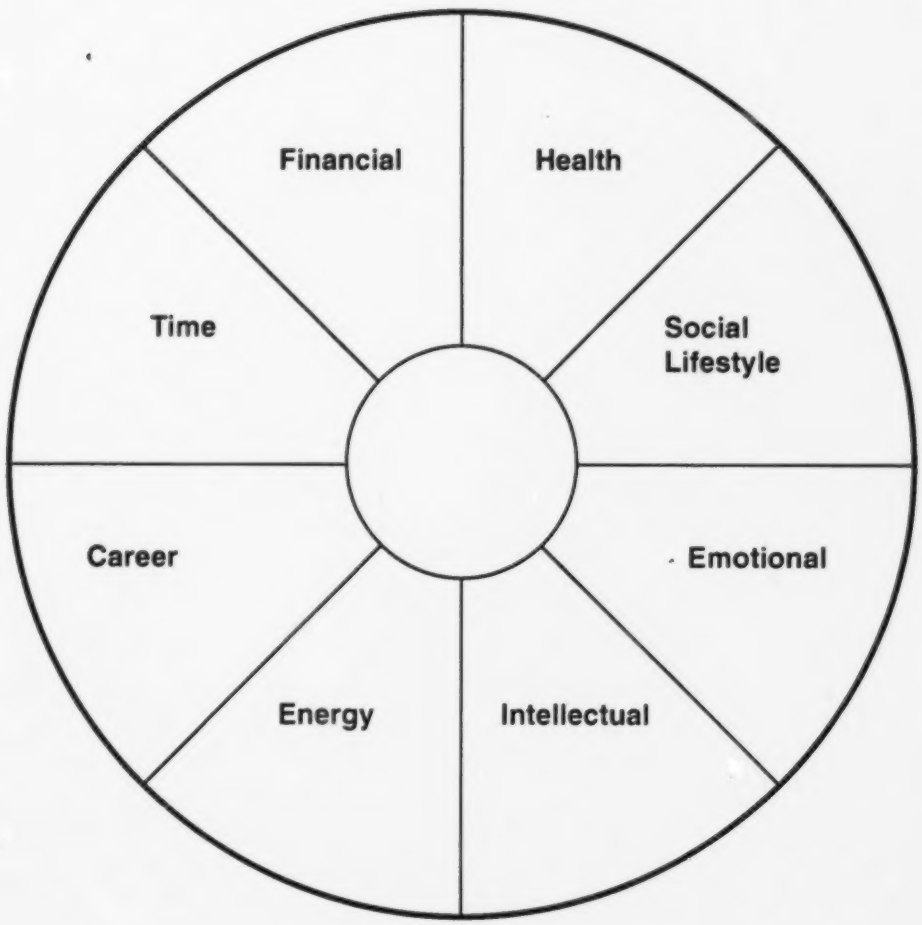
How Would You Feel About Being a Parent?

DIRECTIONS: Complete the following checklist by placing an X in the space that best describes your answer.

		Agree	Disagree	Not Sure
1.	Caring for a child is a tedious and boring job.			
2.	A good reason for having children is that they can help a parent do work.			
3.	It is only with a child that a person can feel completely free to express love and affection.			
4.	Having children gives a person a special purpose in life.			
5.	It is important to have children so that the family traditions are carried on.			
6.	A person ought to think seriously about the inconveniences caused by children before having children.			
7.	Having children around is a great mental strain.			
8.	Considering the pressures from family and friends, a person really does not have much choice about whether or not to have children.			
9.	Children can limit you in what you can do and in where you can go.			
10.	One thing a person should think about when deciding to have children is whether or not the person can afford it.			
11.	A person with children is looked up to in a community more than a person without children.			
12.	One of the best things about having children is that you are never lonely.			
13.	Raising children is a heavy financial burden for most people.			
14.	When you have children, you have to give up a lot of things you enjoy.			

Adapted from *What to do regarding nurturing human development.* (1983). Columbus: Ohio Department of Education.

Parenting Costs



Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

SUPPLEMENT 3

Am I Ready For Parenting?

AREAS TO CONSIDER	QUESTIONS TO ASK WHEN CONSIDERING BECOMING A PARENT	AM I READY?
EDUCATION		
JOB/CAREER		
FINANCES/SAVINGS		
PLACE TO LIVE		
PHYSICAL READINESS		
EMOTIONAL READINESS		
MARRIAGE		

Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

SUPPLEMENT 4

Parenting and Life Plans

DIRECTIONS: Complete the following sentences showing goals you would like to accomplish. Use the first thoughts that come to you.

____ I would like to finish _____

____ By the end of the year I want to _____

____ When I graduate, I would like to _____

____ I would like to have enough money to _____

____ The trait I want to change most about myself is _____

____ The kind of career I would like to have is _____

____ I would like to be the kind of friend who _____

____ One thing I would really like to try is _____

____ Someplace I'd really like to go is _____

____ One of my good qualities I would like to develop further is _____

After you have completed the statements, put a "P" in the blank in front of each statement if becoming a parent would affect whether you reach that goal.

___ Total the number of goals that would be affected by parenthood at this time.

Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

Child Rearing Task Costs

Match the costs on the right with the child rearing tasks on the left.

CHILD REARING TASKS

_____ 1. Providing clothing for a child

_____ 2. Providing guidance for a child

_____ 3. Providing a place for a child and the parents to live

_____ 4. Providing care for 24 hours a day

_____ 5. Helping teach a child to walk, talk, and get along with others

_____ 6. Preparing breakfast, lunch, and dinner day after day

_____ 7. Staying home with a sick child when you would rather be at a party

_____ 8. Making cookies with a child

_____ 9. Carrying a child with you almost everywhere you go

_____10. Buying diapers, food, clothing, toys, car seats, crib, high chair, and so on

_____11. Staying home to rear the child instead of having a career

COSTS

a. career costs

b. emotional costs

c. energy costs

d. financial costs

e. health costs

f. physical costs

g. social/lifestyle costs

h. time costs

Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

Parenthood: Why and When

DIRECTIONS: Read each situation and identify the sacrifices each parent faces. Describe how you would react if you were the parent in the situation. Explain how the sacrifices would affect the parents, the child, and society, now and in the future.

1. Philip and Anna were married right after their high school graduation. Philip has a job and wants to get an associate degree in accounting. Anna is excited about having a child now, so the baby can "grow up" with them, but financially they will have to be very careful. Also, Philip admits that he is not sure he is mature enough to raise a child.

2. Rhonda is seventeen years old and has a four month old baby. She will graduate this year from high school. Rhonda has dreamed of living in her own apartment, having a car and nice clothes, and getting a good job. Since having her baby, she thinks she will not be able to do those things, and feels trapped in living with her mother, stepfather, and sister.

3. Keeshia is sixteen years old and has an eighteen month old baby. She has very few friends. Keeshia used to go out three or four evenings a week with friends. Since her baby's arrival, she rarely goes out. Now she is responsible for her baby and must take the child with her. There is nobody at home willing to care for her baby, or anyone else she trusts to care for her child. Keeshia's friends do not like it when Keeshia brings the baby with her.

4. Andre and Sapna have been married for five months. Andre is a high school dropout and Sapna is a high school sophomore. They are about to have their first child. Sapna wants to return to school after the baby is born. Andre is concerned about how this will affect the baby and really wants Sapna to stay home.

Discussion Questions:

- What are the basic issues involved in each case?
- With whom do you agree in each case? Why?
- In each case, what will the parents need to discuss before they make a decision?
- What should each parent do?
- If you were in each of these situations, what would you do?

Adapted from *Adolescent parent resource guide*. (1989). Columbus: Ohio Department of Education.

Effects a Baby Can Have

Education/Career

Positive Changes	Negative Changes

Friends/Social Life

Positive Changes	Negative Changes

Finances/Money

Positive Changes	Negative Changes

Daily Routine/Leisure

Positive Changes	Negative Changes

Adapted from *Life planning education: A youth development program*. The Center for Population Options, 1989. Additional materials, training, and technical assistance available from CPO, 1025 Vermont Ave. NW, #210, Washington, DC 20005, (202) 347-5700.

The Juggling Act

ACTIVITY	CAN IT BE DONE WITH A BABY?	EXECUTION TIME REQUIRED	ADJUSTMENTS PARENTS NEED TO MAKE TO GET ACTIVITY DONE
Grocery shopping	yes no		
Prepare meals	yes no		
Do laundry	yes no		
Clean house	yes no		
Make formula	yes no		
Study	yes no		
Attend classes at VoTech Center	yes no		
Rest	yes no		

Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

SUPPLEMENT 9

Case Studies

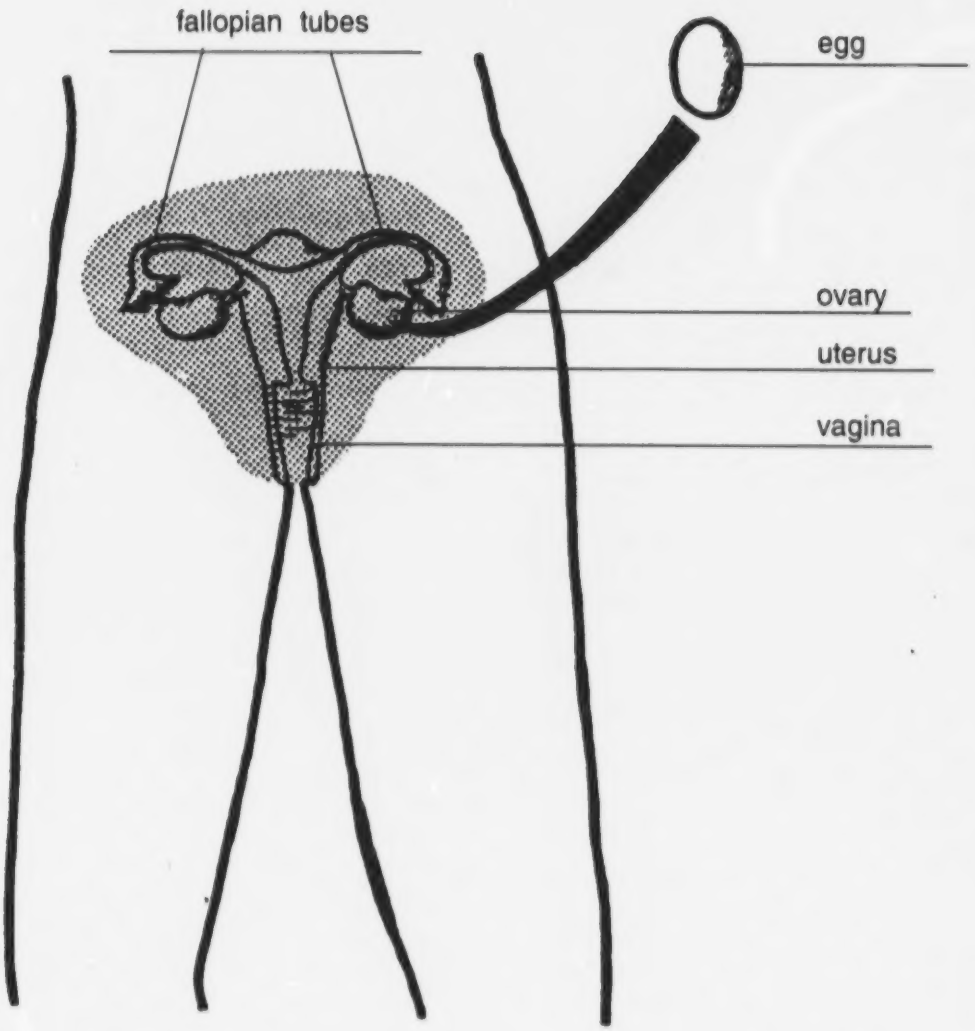
1. Carla is sixteen years old and her child, Sonny, is fourteen months old. She lives with her mother, who cares for Sonny while she attends school and holds down a part-time job as a cashier at the local restaurant. When Carla is home, Carla's mother expects Carla to care for Sonny and help with other household chores. Carla feels this is unfair because she must also study. She often fails to get the chores completed. She also leaves Sonny in the playpen much of the time. Carla's mother often nags Carla because Carla is not helping around the house or taking care of Sonny. Carla and her mother often fight over household tasks and over whether or not Carla is a good mother.

2. Nicolette is an eighteen year old senior with a one-year-old child. She is married to a young man who did not graduate from high school and does not have a job. They live with his mother, whose only source of income is Social Security. Nicolette attends school regularly. Their child has had some major medical problems, resulting in large medical bills. Nicolette is depressed about their financial situation. She is thinking of quitting school to get a job. There is only three months of school left before she graduates. Nicolette says her mother-in-law thinks that the situation is all Nicolette's fault.

Source *Adolescent parent resource guide.* (1989). Columbus: Ohio Department of Education.

SUPPLEMENT 10

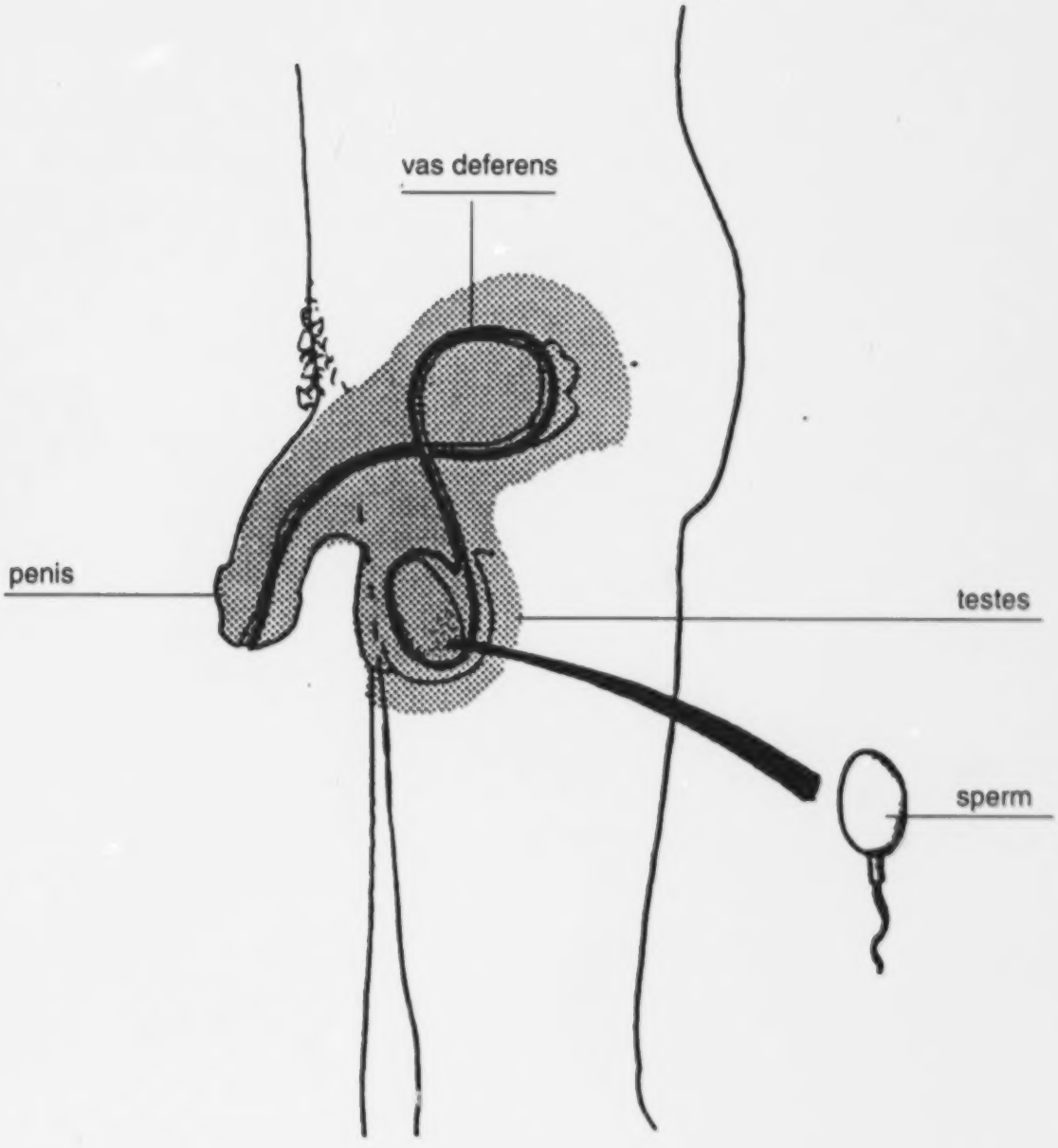
Female Reproductive System



Adapted from *Adult sexuality: Curriculum area 2.* (1986-1987). (Learning Independence Through Family Education series). Champaign, IL: Developmental Services Center.

SUPPLEMENT 11

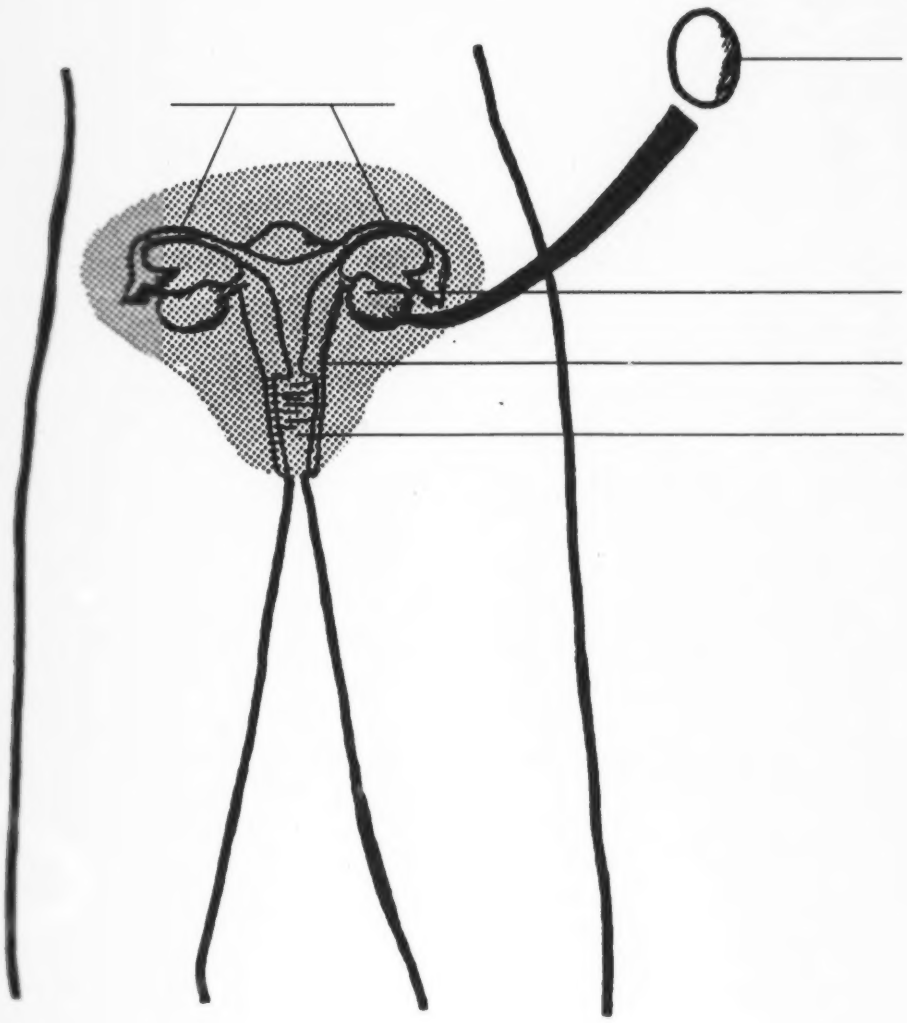
Male Reproductive System



Adapted from *Adult sexuality: Curriculum area 2.* (1986-1987). (Learning Independence Through Family Education series). Champaign, IL: Developmental Services Center.

SUPPLEMENT 12

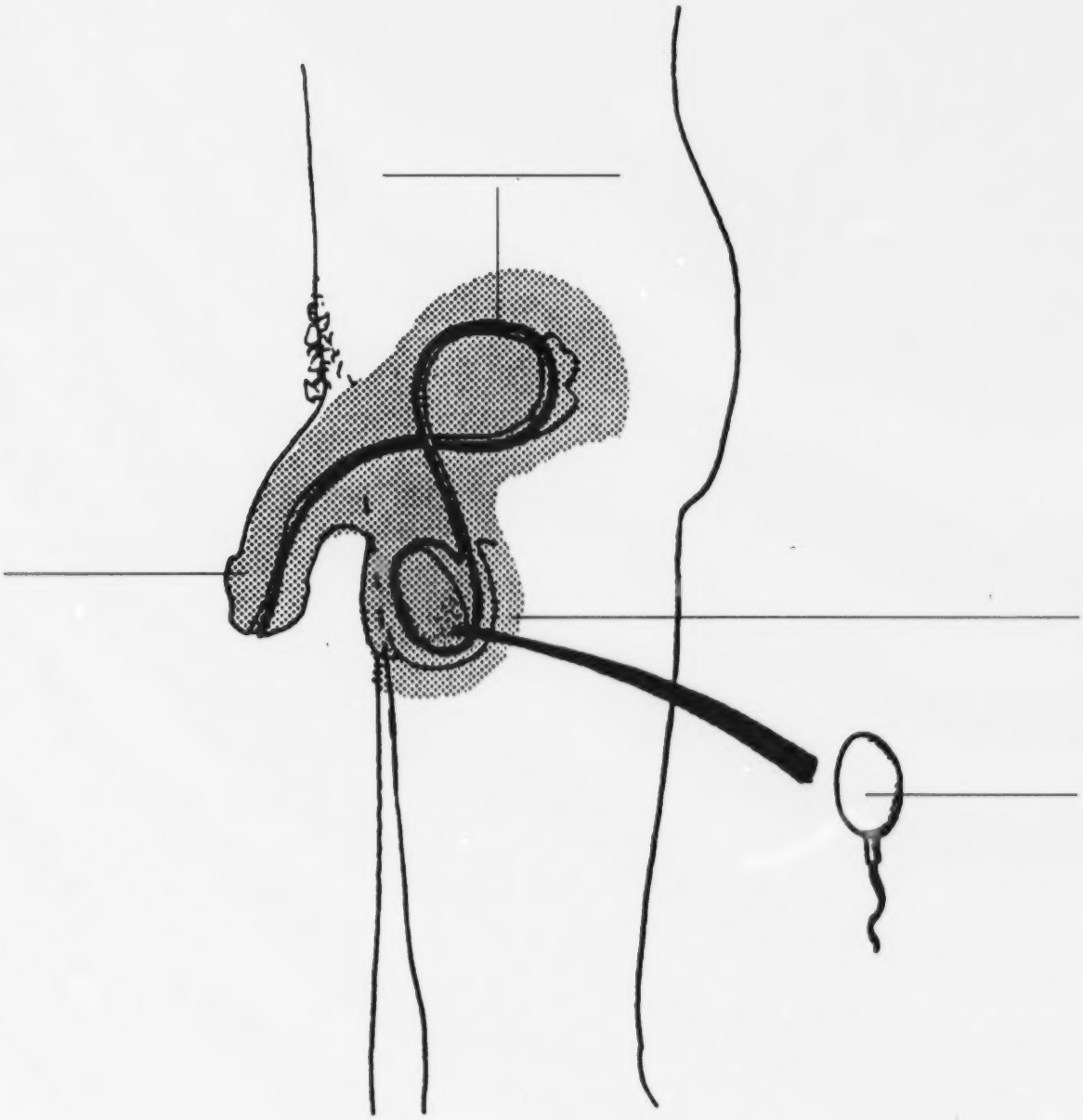
Female Reproductive System



Adapted from *Adult sexuality: Curriculum area 2* (1986-1987). (Learning Independence Through Family Education series). Champaign, IL: Developmental Services Center.

SUPPLEMENT 13

Male Reproductive System



Adapted from *Adult sexuality: Curriculum area 2.* (1986-1987). (Learning Independence Through Family Education series). Champaign, IL: Developmental Services Center.

Myth or Fact?

_____ 1. Once a girl has had her first period, she can become pregnant.

_____ 2. A girl cannot get pregnant before her first period.

_____ 3. A girl cannot get pregnant her first time.

_____ 4. A girl cannot get pregnant if she has sex only a few times.

_____ 5. A girl can get pregnant if she has sex during her period.

_____ 6. If a boy does not ejaculate (come) inside a girl's vagina, she cannot get pregnant.

_____ 7. A girl can always know of one absolutely safe time between menstrual periods when she cannot get pregnant.

_____ 8. A girl can get pregnant even if her egg is not met by a man's sperm.

_____ 9. A girl cannot get pregnant when sexual intercourse takes place standing up.

_____ 10. Sexual maturity occurs at the same time for both girls and boys.

Adapted from *Life planning education: A youth development program*. The Center for Population Options, 1989. Additional materials, training, and technical assistance available from CPO, 1025 Vermont Ave. NW, #210, Washington, DC 20005, (202) 347-5700.

SUPPLEMENT 15

Birth Control Choices

Method	*Pros, Cons, and Comments*
Abstinence 100% effective	– Prevents pregnancy – Provides protection against STDs – Safe, free – No side effects
Sterilization 99.6% effective	– Reliable; permanent – Some side effects; no protection against STDs – Effective for women finished having children – Has been forced on women of color without their consent
Levonorgestrel implants (Norplant System) 99% effective	– Convenient – Reversible – six thin, flexible capsules inserted by a doctor under the skin of the upper arm – Long-term effectiveness – No protection against STDs – Can be expensive
RU 486 95% effective	– Up to seven weeks; safe – Not yet available; very controversial – "within 2-5 years—legally or illegally—will be here"—*Essence Magazine*
IUD 94% effective	– Longlasting – Doctor must insert – Cramps, bleeding – Once touted, it became a nightmare for thousands; almost none available
The Pill 94% effective	– Easy, effective – No protection against STDs – Safest for nonsmoking, non-obese women under 35 with no family history of cancer
Condoms 86% effective	– Sold over the counter – Can break, less effective if removed incorrectly – Sometimes uncomfortable – Disruptive to use

Method		*Pros, Cons, and Comments*
Diaphragm	–	Easy
84% effective	–	Protects against STDs
	–	Bladder infections
	–	Should be used with a spermicide to protect against pregnancy and cancer
Natural Rhythm	–	Safe, free
84% effective	–	Difficult to determine safe days
	–	Works best for women with regular cycles
Cervical Cap	–	Can leave 48 hours
82% effective	–	Protects against STDs
	–	Difficult to insert
	–	Can cause abnormal Pap smear
	–	Should only be used by women with normal PAP smears
Spermicides	–	Sold over counter
74% effective	–	STD protection
	–	Messy, can irritate
	–	Available in foams, creams, suppositories, jellies, and film
Sponge	–	Sold over counter
74% effective	–	Can be hard to remove

Adapted from Minnesota Women's Consortium. (1990, March) (Adapted from *Essence Magazine*) in *Family Information Services* (pp. 9-10). Minneapolis.

SUPPLEMENT 16

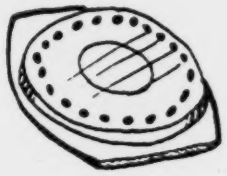
Birth Control Methods Chart

METHODS	ADVANTAGES	DISADVANTAGES	COST	RATE OF EFFECTIVENESS	SIDE EFFECTS
Abstinence					
Withdrawal					
Condom					
Birth Control Pills					
IUD					
Sponge					
Cervical Cap					
Diaphragm					
Spermicidal Foams/Creams Rhythm					
Sterilization					
Implants					
RU 486					

Adapted from *Parenting education: A semester consumer and homemaking course for students in grades 10, 11 and 12.* (1990). Ripley: West Virginia Department of Education, Curriculum Technology Resource Center.

Effective or Ineffective Methods of Birth Control

Old Condom



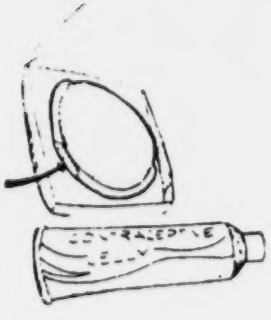
Birth Control Pills

Spermicides

Soap and Water

Plastic Wrap

New Condoms



Diaphragm and Contraceptive Jelly

Physical Activity

Adapted from *Family planning and contraception: Curriculum area 1.* (1986-1987). (Learning Independence Through Family Education series). Champaign, IL: Developmental Services Center.

SUPPLEMENT 18

Myth or Fact

_____ 1. Taking the penis out before ejaculation (withdrawal) is a sure way to prevent conception.

_____ 2. Avoiding sexual relations and using contraceptives are the best ways to keep a girl from getting pregnant.

_____ 3. Having sexual relations during menstruation is an effective form of birth control.

_____ 4. It is safe to borrow a condom from a friend.

_____ 5. Using Saran Wrap instead of a condom will prevent conception from occurring.

_____ 6. All methods of birth control are equally safe.

_____ 7. There are no health risks to worry about when using a birth control method.

_____ 8. Abstinence is a form of birth control that is 100% effective.

_____ 9. VD means the same as STD.

_____ 10. A girl does not have to take birth control pills every day for them to work.

SUPPLEMENT 19

Common STDs

COMMON STDs	DIAGNOSIS	TREATMENT	RISKS/CONSEQUENCES
Acquired Immune Deficiency Syndrome (AIDS)	Blood test	NONE	Illness; death
Chlamydia	Painless test done by a health professional	Antibiotics	Sterility; if pregnant, complications to baby
Gonorrhea	Culture taken by a health professional	Antibiotics	Sterility; ill health; arthritis; heart trouble
Genital Herpes	Diagnosis done while sores are present	NONE (some medications reduce severity of flare-ups)	Pain and itching for life; for women, risk of cervical cancer; abnormal pregnancy; infected children; death
Syphilis	Blood test	Antibiotics	Life-threatening if not treated in time; brain damage
Pelvic Inflammatory Disease (PID)	Test done by a health professional	Antibiotics	Pain; sterility; abnormal pregnancy
Non-Specific Urethritis (NSU)	Simple test done by a health professional	Antibiotics	
Monilia	See a health professional	Locally applied cream	
Trichomoniasis	See a health professional	Oral medication	Sterility
Venereal warts	See a health professional	Done by a medical professional	Cancer
Crabs (pubic lice)	Examination by a health professional	Wash area with a specific medication; medication	Severe itching

Adapted from *Growing up caring: A guide for teachers, staff, & parents in a community of caring school.* (1987) Mission Hills, CA: Glencoe/McGraw-Hill Publishing Company.

SUPPLEMENT 20

Signs and Symptoms of Having a Sexually Transmitted Disease

- Redness or soreness of the genitals
- Pain when urinating; cloudy or strong smelling urine
- Unusual discharge from the penis or vagina
- Sores or blisters on or around the genital area or inside the mouth
- Itching or a rash on or around the genitals
- Abdominal cramps
- Fever
- A sexual partner with symptoms

What to do if you have a partner who has any of these symptoms:

- Consult a physician immediately.
- Inform your sexual partner(s).
- Ask your partner to see a physician.
- Abstain from all sexual contact until the infection has cleared.

Symptoms of a Person Infected With the AIDS Virus

- Tiredness
- Fever
- Loss of appetite and weight
- Diarrhea
- Night sweats
- Swollen lymph glands

Source: Lindner, A. F. (1987). *Personal choices personal power*. Madison: University of Wisconsin at Madison, School of Education, Vocational Studies Center.

SUPPLEMENT 21

Myth or Fact

_____ 1. All STDs have symptoms.

_____ 2. Genital herpes can be cured with medication.

_____ 3. The most serious disease that can be transmitted sexually is AIDS.

_____ 4. If someone is practicing a method of birth control (e.g., taking the pill or withdrawal), she or he cannot get an STD.

_____ 5. The best way to prevent the spread of STDs is to avoid sexual activity.

_____ 6. Only a doctor can diagnose an STD or the AIDS virus.

_____ 7. Only a small amount of people who develop AIDS will die from the disease.

_____ 8. A person can be infected with the AIDS virus by touching someone with AIDS.

_____ 9. If a person has any signs or symptoms of an STD, that person should see a doctor immediately.

_____ 10. Once a person has been treated for an STD, there is no risk of getting the same or another STD.

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Preventing Teen Pregnancy – Notes

WORLD-CLASS EDUCATION FOR THE 21ST CENTURY: THE CHALLENGE AND THE VISION

VISION STATEMENT

As we approach the 21st century, there is broad-based agreement that the education we provide for our children will determine America's future role in the community of nations, the character of our society, and the quality of our individual lives. Thus, education has become the most important responsibility of our nation and our state, with an imperative for bold new directions and renewed commitments.

To meet the global challenges this responsibility presents, the State of Illinois will provide the leadership necessary to guarantee access to a system of high-quality public education. This system will develop in all students the knowledge, understanding, skills and attitudes that will enable all residents to lead productive and fulfilling lives in a complex and changing society. All students will be provided appropriate and adequate opportunities to learn to:

- communicate with words, numbers, visual images, symbols and sounds;
- think analytically and creatively, and be able to solve problems to meet personal, social and academic needs;
- develop physical and emotional well-being;
- contribute as citizens in local, state, national and global communities;
- work independently and cooperatively in groups;
- understand and appreciate the diversity of our world and the interdependence of its peoples;
- contribute to the economic well-being of society; and
- continue to learn throughout their lives.

MISSION STATEMENT

The State Board of Education believes that the current educational system is not meeting the needs of the people of Illinois. Substantial change is needed to fulfill this responsibility. The State Board of Education will provide the leadership necessary to begin this process of change by committing to the following goals.

ILLINOIS GOALS

1. Each Illinois public school student will exhibit mastery of the learner outcomes defined in the State Goals for Learning, demonstrate the ability to solve problems and perform tasks requiring higher-order thinking skills, and be prepared to succeed in our diverse society and the global work force.

2. All people of Illinois will be literate, lifelong learners who are knowledgeable about the rights and responsibilities of citizenship and able to contribute to the social and economic well-being of our diverse, global society.

3. All Illinois public school students will be served by an education delivery system which focuses on student outcomes; promotes maximum flexibility for shared decision making at the local level; and has an accountability process which includes rewards, interventions and assistance for schools.

4. All Illinois public school students will have access to schools and classrooms with highly qualified and effective professionals who ensure that students achieve high levels of learning.

5. All Illinois public school students will attend schools which effectively use technology as a resource to support student learning and improve operational efficiency.

6. All Illinois public school students will attend schools which actively develop the support, involvement and commitment of their community by the establishment of partnerships and/or linkages to ensure the success of all students.

7. Every Illinois public school student will attend a school that is supported by an adequate, equitable, stable and predictable system of finance.

8. Each child in Illinois will receive the support services necessary to enter the public school system ready to learn and progress successfully through school. The public school system will serve as a leader in collaborative efforts among private and public agencies so that comprehensive and coordinated health, human and social services reach children and their families.

Developed by citizens of Illinois through a process supported by the Governor, the Illinois State Board of Education and the Illinois Business Roundtable. Adopted as a centerpiece for school improvement efforts.

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